1. Why should I have my children immunized?

All children require immunizations (shots) to protect from 13 vaccine preventable diseases which can lead to serious medical complications and even death.

2. What diseases are prevented by vaccines?

Diptheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Haemophilus Influenzae type b (Hib), Pneumococcal disease, Hepatitis A, Influenza, Varicella (chicken pox).

3. How many shots would my child need?

The following vaccinations are recommended by age 2 and can be administered in 5 visits to your health care provider. If a child's immunizations are behind, they can be placed on an accelerated schedule so they will be protected from vaccine preventable diseases. Some vaccines are combined so a child receives fewer vaccinations. If these vaccines are used, the child will receive 11 immunizations by 2 years of age.

- ➤ 4 vaccinations against Diptheria, Tetanus, and Pertussis (DTaP).
- > 3 vaccinations against Polio.
- ➤ 1 vaccination against Measles, Mumps, Rubella (MMR).
- > 3 vaccinations against Hepatitis B.
- > 3 vaccinations against Haemophilus Influenzae type b.
- ➤ 1 vaccination against Varicella (Chicken Pox) if there is not a reliable disease history.

www.cdc.gov/nip/recs/child-schedule-fourpages-print.pdf

4. What immunizations are needed during adolescence (11-18).

- > Hepatitis B series if not completed.
- ➤ Hepatitis A if the series has not been completed.
- > MMR #2 if it has not been administered.
- ➤ Varicella (Chicken Pox) if there is not a reliable history of the disease or vaccination.
- ➤ Meningococcal vaccination. Some colleges and universities are requiring this vaccination to attend school.
- ➤ Tetanus Diphtheria booster should be given at ages 11 or 12 and repeated every 10 years.

5. What immunizations are required for child care?

Recommended Child Care Immunizations

Idaho Child Care Immunization *Requirements*

- ✓ 5 DTaP
- \square 2 MMR
- ☑ 3 Hepatitis B
- ✓ 4 Hib
- ☑ 4 Polio
- **☑** 2 Hepatitis A
- **☑** 1 Varicella
- **☑** PCV (Pneumococcal)
- **☑** Annual Influenza

✓ 5 DTaP (2005 requirement)

- ☑ 2 MMR (2005 requirement) ☑ 3 Hepatitis B
- ✓ 4 Hib
- ☑ 3 Polio

Immunizations in bold are recommended but not required in Idaho.

6. What immunizations are required for school entry?

Recommended School Immunizations

Idaho School Immunization Requirements

- ☑ 5 DTaP
- \square 2 MMR
- ☑ 3 Hepatitis B
- ☑ 4 Polio
- **☑** 2 MMR
- **☑** 2 Hepatitis A
- **☑** 1 Varicella
- **☑** 1 Td (11-12 years)

beginning the 2005-2006 school year.

- ☑ 5 DTaP ☑ 2 MMR
- ☑ 3 Hepatitis B
- **☑** 3 Polio

Immunizations in bold are recommended but not required in Idaho. A 5th DTaP and 2nd MMR are required for all children entering Pre K and Kindergarten

7. Why can't I wait until my child attends school before I start his or her immunizations?

Immunizations should be administered according to the Recommended Childhood and Adolescent Immunization Schedule. If the immunization schedule is not followed, there is a possibility the child will not be immune to vaccine preventable diseases when they are at highest risk of contracting the diseases. www.cdc.gov/nip/recs/child-schedule-fourpages-print.pdf

8. Why are we vaccinating adolescents against pertussis?

Pertussis immunity wanes as we get older. Adults can carry pertussis without seeing serious symptoms but can transmit the disease to young children who often times suffer from serious and potentially fatal cases of the disease. Each year Idaho and surrounding states continue experience outbreaks of pertussis among the adolescent and adult populations.

9. Why are we immunizing against diseases we no longer see?

In the United States we rarely see diseases like polio, measles, or diphtheria, but we have to remember these diseases are common in areas that are a plane ride away. Each year there are cases of vaccine preventable diseases in the United States that are imported from other countries; children at risk of contracting these diseases are those who are not vaccinated. History shows if we quit immunizing the diseases will return.

10. Is there mercury in vaccine?

All vaccines administered to children 0-35 months of age provided through the Idaho Immunization Program are thimerosal free. Thimerosal is an ethylmercury based preservative that has never been shown to cause harm in children, but has received media attention related to autism. The Idaho Immunization Program provides thimerosal free vaccine to most health care providers in the state of Idaho. Children 3 years and older may receive flu vaccine which contains thimerosal.

11. Is there a link between Measles, Mumps, Rubella vaccine (MMR) and Autism?

No, a link has not been discovered between autism and MMR. The study that is commonly sited that tried making this connection was considered invalid due to selection bias. The best study between MMR and autism was done in Denmark with over 300,000 kids. This study did not show a link between MMR and autism; the study is commonly referred to as the Danish study.

12. Do vaccines have side effects?

Yes, but the most common reactions are mild and tolerated very well by most children. Some side effects include a slight fever, a rash or soreness at the site of injection. These are common reactions and are not reasons for undue concern. Your doctor or health department can give you more information about possible side effects for specific vaccines.

13. What do I do if I believe my child is having a reaction to a vaccine?

If you believe that your child is suffering a severe reaction, call your doctor or take your child to a medical facility immediately. Be sure to write down exactly what happened, including the date and time the reaction started. Request that your doctor, nurse, or local health district file a Vaccine Adverse Event Report form (VAERS) or call 1-800-822-7967.

14. Where can I get free vaccinations?

All routine childhood vaccine in Idaho for children 0-18 years of age are free. The maximum administration fee a parent can be charged for a state supplied vaccination is \$14.34 per dose. If an individual can not afford \$14.34 per dose, immunizations will be administered at a discounted rate or free. In Idaho no one can be denied immunizations based on the inability to pay.

15. Why is a personal immunization record important?

A personal immunization record card helps you and your doctor keep your child on schedule. A record card should be started when your child receives the first vaccination. It needs to be updated each time your child receives an immunization. This information will be needed if you move to a new area, change doctors, or when your child enrolls in child care or in a public or private school, or college. In Idaho licensed child care providers and all schools are required to have proof that your child has their vaccinations. Remember to take your child's immunization record with you each time your child visits the doctor or other health care providers.

16. What is IRIS and can anyone access the information from the database?

The Immunization Reminder Information System (IRIS) allows enrolled users to search and update consented patients' immunization records in an electronic database. IRIS has proven to be a beneficial tool for patients and providers who serve migrant populations and individuals who have lost their immunization record. IRIS tracks immunization records, forecasts future immunization appointments, has the ability to generate reminders, and provides health care providers the capability to locate immunization records incase of an emergency.

IRIS can only be accessed by healthcare providers, schools, and child care centers who have been given a username and password to access the registry.

17. Where can I get more information regarding vaccinations?

The most important thing to look for when searching for immunization information is to make sure it is science based and coming from a credible resource. We recommend the following links:

www.cdc.gov
www.cdc.gov/nip/default.htm
www.vaccineinformation.org
www.chop.edu/consumer/jsp/division/generic.jsp?id=75697

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician or health care provider. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.